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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10501013 | <b>Applicant(s)/Patent Under Reexamination</b><br>MAGALDI ET AL. |
|   | <b>Examiner</b><br>N. Bhat                 | <b>Art Unit</b><br>1797  |

| ORIGINAL                  |  |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|-----|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 202                       |  | 242      |     |  |  | C                            | t | o | B | 25 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 202                       | 282                                      | 244      | 245 |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 209                       | 132                                      |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 414                       | 187                                      |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 198                       | 804                                      |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
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|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
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|                           |  |          |     |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/N. Bhat/<br>Primary Examiner.Art Unit 1797<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>10<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 _____ 1 _____ |  |
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